Town of East Bridgewater
Insurance Rates - Medicare Retirees/Survivors
Effective July 1, 2020

Health Product	Product Type	Full Cost Premium	Retiree Share	Retiree Monthly Share
Tufts Health Plan Medicare Preferred	HMO	$ 325.13	30%	$ 97.54
Tufts Health Plan Medicare Complement	Indemnity	$ 383.88	30%	$ 115.16
UniCare State Indemnity Plan/Medicare Ext with CIC	Indemnity	$ 399.86	30%	$ 119.96
UniCare State Indemnity Plan/Medicare Ext without CIC	Indemnity	$ 388.80	30%	$ 116.64
Harvard Pilgrim Medicare Enhance	Indemnity	$ 404.04	30%	$ 121.21
Health New England MedPlus	Indemnity	$ 404.80	30%	$ 121.44
Altus Dental	Dental	$ 45.36	50%	$ 22.68
Altus Dental	Dental	$ 118.25	50%	$ 59.13
Boston Mutual	Life	$ 5.95	50%	$ 2.98

***All rate questions should be directed to the Treasurer's Office
Call (508) 378-1604 ***